



**UTAH DEPARTMENT OF PUBLIC SAFETY
UTAH PEACE OFFICER STANDARDS AND TRAINING
ELECTRONIC APPLICATION FOR TRAINING**

IMPORTANT!

THIS FORM IS ONLY VALID UNTIL June 30, 2009.
APPLICATIONS DATED AFTER June 30, 2009 WILL NOT BE ACCEPTED BY POST.
TO DOWNLOAD A CURRENT VERSION OF THE APPLICATION GO TO
WWW.POST.UTAH.GOV.

ABOUT THIS ELECTRONIC FORM

This form is in Adobe PDF format the file can be saved from the internet onto your hard drive. If you have the free version of the software you will not be able to save your information. Print out a copy of the application and fill it out as you gather the information. Once all the information has been collected enter the information then print out copies of the application. If you or your agency has the full version of the software the information entered can be saved as a separate file. Handwritten applications will not be accepted by POST. In sections where it is obvious additional documentation is needed (ie employment) the fields are not available to be completed.

This electronic form constitutes a first for Utah POST every effort has been made to make the process of application efficient and cost effective. If there are errors in the application please direct them to johnjacobs@utah.gov. Visit the POST website at www.post.utah.gov for updated versions of the application. When errors are detected they will be corrected and a new version released on the web.

Rev. 7/2006

4. **Have you EVER been terminated from any dispatcher, basic peace officer or law enforcement related training academy for disciplinary reasons or for failing to meet statutory qualifications?** ☐ Yes ☐ No
If **yes**, explain the circumstances. If more space is needed, use additional sheets of paper and attach them to the application.
-
-
5. **Have you EVER been denied a state or federal dispatcher or law enforcement officer related license/certification?** ☐ Yes ☐ No
If **yes**, explain the circumstances. If more space is needed, use additional sheets of paper and attach them to the application.
-
-
6. **List all states in which you maintain or have acquired a dispatcher, peace officer or a related license/certification. Indicate the current status of the license/certification, i.e. active, inactive, suspended, revoked, etc.**
- | Type of license/certification | State of license/certification | Date of license/certification | Status |
|-------------------------------|--------------------------------|-------------------------------|--------|
| | | | |
| | | | |
-
-
7. **Have you EVER had any professional license/certification denied, suspended or revoked?** ☐ Yes ☐ No
If **yes**, explain the circumstances. If more space is needed, use additional sheets of paper and attach them to the application.
-
-
8. **Have you graduated from High School?** ☐ Yes ☐ No
- Name of High School _____ City/State _____
- Dates of attendance: From: _____ To: _____
- a) **If you have not graduated from High School, have you successfully competed a GED examination?** ☐ Yes ☐ No
- State where GED was completed _____ Date of completion _____
- b) **List all colleges, universities and trade schools you have attended.** Attach additional sheet(s) as needed.
- Name of College/University/Trade School _____ City/State _____
- Dates of attendance: From _____ To: _____
- Quarter/Semester Hours: _____ **Did you graduate?** ☐ Yes ☐ No
- c) **Attach a copy of your High School Diploma or GED Certificate. If your High School Diploma or GED Certificate is not available, attach a copy of your two or four year College Degree**
9. **Have you EVER been employed by the military?** ☐ Yes ☐ No
- a) Branch of Military: _____
- From: _____ To: _____
- Type of Discharge: _____
- b) **Have you EVER received a "Dishonorable Discharge" or less than honorable discharge from the military?** ☐ Yes ☐ No
- c) **Have you EVER been court martialled by a military tribunal?** ☐ Yes ☐ No
- d) **If discharged from the military, attach a copy of your DD-214 Form. If discharged from the military on more than one occasion, attach all copies of Form DD-214.**

10.

a) **Has the use of alcohol ever caused problems with your job, your family or your associates?**

☐ Yes ☐ No If **yes**, provide details:

b) **Are you now or have you EVER participated in a supervised alcohol rehabilitation program?**

☐ Yes ☐ No

If **yes**, give name and address of program:

Name: _____ Address _____

City, State and ZIP Code _____ Phone: _____

11.

Has your use of prescription drugs EVER caused problems with your job, your family or your associates?

☐ Yes ☐ No

a) **Are you now or have you EVER participated in a supervised drug rehabilitation program?**

☐ Yes ☐ No

If **yes**, give name and address of program:

Name: _____ Address _____

City, State and ZIP Code _____ Phone _____

b) **List and explain in detail ANY and all drugs you have used illegally throughout your life.** (Attach an additional sheet if necessary.)

c) **Have you used any of the following drugs illegally within the last five years?** ☐ Yes ☐ No If **yes**, mark the drugs you have used.

<input type="checkbox"/> Heroin	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Cocaine	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Percodan	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Tai sticks	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Quaaludes	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Crank	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Morphine	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> LSD	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Crack	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Mescaline	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Peyote	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Opium	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Demoral	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Methadone	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Psilocybin/Mushroom	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Amphetamine	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Barbiturates	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Methamphetamine	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Hallucinogens	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Narcotic Analgesics	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Central Nervous system depressants	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Central Nervous system stimulants	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> PCP or any of its analogs	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Ecstasy or any of its analogs	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> MDMA or any of its analogs	Please indicate approx. last date of use	_____	List how many times used.	_____

d) **Have you used any of the following drugs illegally within the last two years?**

☐ Yes ☐ No If **yes**, mark the drugs you have used.

<input type="checkbox"/> Marijuana	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Hashish	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Amyl Nitrates	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Anabolic Steroids	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Toluene	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Cannabis	Please indicate approx. last date of use	_____	List how many times used.	_____
<input type="checkbox"/> Inhalants	Please indicate approx. last date of use	_____	List how many times used.	_____

12. a) Have you **EVER** been judged mentally incompetent or insane by a court of law? ☐ Yes ☐ No
- b) Have you **EVER** been confined to a mental institution or hospital psychiatric ward? ☐ Yes ☐ No
- c) Have you **EVER** been treated for depression? ☐ Yes ☐ No
- d) Have you **EVER** attempted suicide or had suicidal tendencies? ☐ Yes ☐ No
- If you have answered "Yes" to any of the questions in 12 a) – d), please attach a detailed explanation.*

The following questions are for individuals who have been previously employed by a law enforcement, correction or dispatch agency. If you answer "Yes" to any of these questions, completely explain the circumstances of the incident, the location of the agency, hearing or court and the final action taken. You may use additional sheets of paper and enclose them with this application.

13. **IF YOU HAVE NOT BEEN EMPLOYED BY A LAW ENFORCEMENT, CORRECTION OR DISPATCH AGENCY IN THE PAST, DO NOT ANSWER "a thru h".**
- a) Have you **EVER** been the subject of a disciplinary action in a law enforcement, correction or dispatch agency? ☐ Yes ☐ No
- b) Have you **EVER** been allowed to resign from a law enforcement, correction or dispatch employer under adverse conditions which could have led to a disciplinary action or dismissal by the agency? ☐ Yes ☐ No
- c) Have you **EVER** been fired from a law enforcement, correction or dispatch agency? ☐ Yes ☐ No
- d) Have you **EVER** been found guilty of "Gross Negligence" in an administrative hearing or court of law? ☐ Yes ☐ No
- e) Have you been investigated or disciplined for excessive use of force in an arrest? ☐ Yes ☐ No
- f) Have you **EVER** been investigated or disciplined for tampering with evidence? ☐ Yes ☐ No
- g) Have you **EVER** been investigated or disciplined for perjury testimony in an administrative hearing or court of law? ☐ Yes ☐ No
- h) Have you **EVER** been investigated or disciplined for theft of property in an administrative hearing or court of law? ☐ Yes ☐ No

IMPORTANT INSTRUCTIONS REGARDING SECTIONS 14 -- 16

The following information is deemed critical to the Division of Peace Officer Standards and Training (P.O.S.T.), and concerns information relating to criminal convictions or criminal acts which have been dismissed through pardons, expungements, dismissal with prejudice, or other similarly treated offenses. **"Even if you have had an arrest or conviction expunged, you must still disclose that information for consideration by P.O.S.T."** (IF THE INFORMATION PERTAINS TO YOU, ATTACH ALL COPIES OF ALL POLICE REPORTS REGARDING THE ARRESTS OR CONVICTIONS. COPIES OF POLICE REPORTS SHOULD BE CERTIFIED COPIES AS INDICATED BY AN OFFICIAL POLICE STAMP AND/OR AS NOTARIZED BY A NOTARY PUBLIC.) Copies of police reports can be obtained by contacting the arresting agencies. An agency may require a Waiver and Authorization to Release Information form. Such forms are available at P.O.S.T. The Agency information may be provided directly to P.O.S.T.

If copies of police reports cannot be obtained from law enforcement agencies because records have been destroyed, indicate **"NOT AVAILABLE"** on the application form. If P.O.S.T., in checking arrests or convictions, finds that the police records are available to the applicant, the application will be denied until the police records have been submitted and reviewed by P.O.S.T. A DETAILED EXPLANATION OF ALL CIRCUMSTANCES SURROUNDING INVOLVEMENT, ARREST, OR CONVICTION RELATING TO ANY CRIME OR OTHER ACT OF MISCONDUCT MUST BE EXPLAINED ON AN ADDITIONAL SHEET(S) OF PAPER AND ENCLOSED WITH THIS APPLICATION.

Include Juvenile Offenses

14. a) Have you **EVER** been involved in a felony? ☐ Yes ☐ No
- Have you **EVER** been arrested for a felony? ☐ Yes ☐ No
- Have you **EVER** been convicted of a felony? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
 Diversion Agreement ☐ Plea in Abeyance ☐

- b) Have you **EVER** been involved in a crime of dishonesty? ☐ Yes ☐ No
- Have you **EVER** been arrested for a crime of dishonesty? ☐ Yes ☐ No
- Have you **EVER** been convicted of a crime of dishonesty? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
Diversion Agreement ☐ Plea in Abeyance ☐

- c) Have you **EVER** been involved in a crime of physical or domestic violence? ☐ Yes ☐ No
- Have you **EVER** been arrested for a crime of physical or domestic violence? ☐ Yes ☐ No
- Have you **EVER** been convicted of a crime of physical or domestic violence? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
Diversion Agreement ☐ Plea in Abeyance ☐

- d) Have you **EVER** been involved in a crime of unlawful sexual conduct? ☐ Yes ☐ No
- Have you **EVER** been arrested for a crime of unlawful sexual conduct? ☐ Yes ☐ No
- Have you **EVER** been convicted of a crime of unlawful sexual conduct? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
Diversion Agreement ☐ Plea in Abeyance ☐

- e) Have you **EVER** been involved in a crime involving the unlawful use, sale or possession of a controlled substance? ☐ Yes ☐ No
- Have you **EVER** been arrested for a crime involving the unlawful use, sale or possession of a controlled substance? ☐ Yes ☐ No
- Have you **EVER** been convicted of a crime involving the unlawful use, sale or possession of a controlled substance? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
Diversion Agreement ☐ Plea in Abeyance ☐

- f) Have you **EVER** been involved in the offense of Driving Under the Influence of Alcohol, Drugs or Metabolite? ☐ Yes ☐ No
- Have you **EVER** been arrested for the offense of Driving Under the Influence of Alcohol, Drugs or Metabolite? ☐ Yes ☐ No
- Have you **EVER** been convicted of the offense of Driving Under the influence of Alcohol, Drugs or Metabolite? ☐ Yes ☐ No

If **yes**, indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances. **Please indicate status below:**

Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with Prejudice ☐ Treated in other similar manner ☐
 Diversion Agreement ☐ Plea in Abeyance ☐

- g) Have you had **ANY** other convictions? (i.e. traffic offenses, . misdemeanor offenses, military crimes, etc.) ☐ Yes ☐ No

- h) Do you have any criminal or civil complaints pending against you at this time? ☐ Yes ☐ No

If **yes**, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of the offense on an additional sheet of paper and attach it to the application.

- i) Are you now, or have you **EVER** been on probation or parole for any crime which you have been convicted, or any crime held in abeyance or subject to a diversionary program through a court of law? ☐ Yes ☐ No

If **yes**, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of the offence on an additional sheet of paper and attach it to the application.

15. Are you now, or have you **EVER** been a member or associated with a group, gang or organization that advocates or encourages violence or criminal activities? ☐ Yes ☐ No

If **yes**, explain the name of the group, gang or organization, purpose of the group, gang or organization, indicate when you became a member or associated with the organization, and your current status with the group, gang or organization. (Use separate sheet and attach it to the application.)

16. Are you now, or have you **EVER** been a member or associated with a group that has advocated the overthrow of the government of the United States or any State government? ☐ Yes ☐ No

If **yes**, explain the name of the group, gang or organization, purpose of the group, gang or organization, indicate when you became a member or associated with the organization, and your current status with the group, gang or organization. (Use separate sheet and attach it to the application.)

17. On a separate sheet of paper, list in chronological order, present to past, as accurately as possible, all places you have resided in the last ten (10) years. If you have lived out of the United States, indicate country. (Use format below for your list.)

From/To	Address	City	State	Country
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18. Have you **EVER** been terminated from any employer, forced to resign, or resigned pending termination? ☐ Yes ☐ No

If **yes**, list name of employer and explain

19. In chronological order, present to past, as accurately as possible, list all employers you have had within the last ten (10) years. Include military service in proper sequence, temporary, part-time jobs, and periods of unemployment. Use format below and attach additional sheet(s) of paper to the application.

a)	Employer	Address	Telephone
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From	To	Position/Title	Supervisor's Name
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IMPORTANT INFORMATION REGARDING YOUR APPLICATION

20. Have you answered and provided, in an accurate manner, all information requested and required to make your application complete, true and correct, to the best of your knowledge? ☐ Yes ☐ No

21. Have you attached all required documentation? (Check the boxes if "Yes.")

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Copy of Drug Test results |
| <input type="checkbox"/> Copy of entrance exam results | <input type="checkbox"/> Application for Certification |
| <input type="checkbox"/> Driver License Record | <input type="checkbox"/> Medical Release |
| <input type="checkbox"/> High School Diploma, GED Certificate or College Diploma | <input type="checkbox"/> Waiver of Authorization to Release Information |
| <input type="checkbox"/> Military Discharge DD214 Form (If applicable) | <input type="checkbox"/> Waiver of Liability |
| <input type="checkbox"/> Your detailed explanation(s) of offenses committed and/or "YES" responses | <input type="checkbox"/> One (1) 2" x 2" Personal Photograph – Taken in the last 2 months |
| <input type="checkbox"/> All criminal arrest reports and court docket information (If applicable) | <input type="checkbox"/> Copy of basic academy curriculum and hours (Waiver Applicants Only) |

Dispatcher Certification applicants only. (Additional information required.)

- ☐ Copy of your Emergency Medical Dispatcher Certificate
☐ A letter from your department administrator verifying your completion of an in-house training program
☐ Two (2) Fingerprint cards
☐ Copy of your Bureau of Criminal Identification Proficiency Certificate

If you have not completed all the above information and attached all required documents, your application for training or certification will not be considered until the information is provided.

I certify this person to be employed by this agency and believe him/her to be of good character as determined by a background investigation and oral interview conducted by myself or a representative of the below indicated agency. To the best of my knowledge, this applicant is free of any physical, emotional or mental conditions which might adversely affect his/her performance as a peace officer, correctional officer or dispatcher.

Full Name of Applicant (Please Print) _____

Agency _____

Signature of Agency Administrator _____

Date _____

DO NOT SIGN THIS PAGE UNLESS

YOU ARE IN THE PRESENCE OF AND AFTER RECEIVING AN OATH FROM A NOTARY PUBLIC ATTESTING TO THE VALIDITY OF THIS APPLICATION.

RECENT PHOTOGRAPH
(No larger than 2" x 2")
Photograph should be no older than
Two (2) months prior to making
this application.

IN MAKING THIS APPLICATION FOR TRAINING AND/OR CERTIFICATION IN THE STATE OF UTAH, I CERTIFY THAT I AM A CITIZEN OF THE UNITED STATES, A HIGH SCHOOL GRADUATE OR EQUIVALENT, AND HAVE NEVER BEEN CONVICTED OF A FELONY OR OTHER OFFENSE EXCEPT AS NOTED ON THIS APPLICATION. I CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION AND/OR OMISSIONS OF REQUESTED INFORMATION MAY BE CAUSE FOR DENIAL OR TERMINATION OF TRAINING AND OF PEACE OFFICER AUTHORITY OR DISPATCH CERTIFICATION, AND MAY BE CONSIDERED A VIOLATION OF SECTION 76-8-511, UTAH CODE ANNOTATED, FALSIFICATION OF A GOVERNMENT RECORD.

Signature of Applicant _____

Date _____

State of _____)

County of _____)ss.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public's Signature _____

FOR P.O.S.T. USE ONLY

REVIEWED BY: _____

DATE REVIEW COMPLETED: _____

☐

Approved

☐

Denied

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I have made application for admission to a training program sponsored by the Division of Peace Officer Standards and Training(POST). It is my understanding that a comprehensive investigation of my background may be conducted in connection with my application. It is further my understanding that any information adversely reflecting on me may be cause for denial of admission to POST.

I hereby give to POST and its duly authorized representatives the authority to conduct a comprehensive investigation of my background, including but not necessarily limited to oral discussions with any persons concerning my background. I also authorize full disclosure to POST of any records concerning me, whether said records are public or private, and privileged or confidential. In particular, I authorize full disclosure of any records concerning me, including but not necessarily limited to the records of present and past employers, educational and financial institutions, commercial establishments, public utility companies, medical and psychiatric agencies; including hospitals, clinics, private practitioners, the U.S. Veterans Administration and military facilities.

I hereby appoint any authorized representative designated by POST as an authorized agent for the purpose of inspecting any arrests records information maintained by any law enforcement agency concerning me.

To the custodian of any records discussed herein I hereby authorize you to release such information to POST. A copy of this release form will be valid as an original, even though the copy does not contain an original writing of any signature.

I hereby release POST, and anyone who gives written or oral information about me to POST in connection with this background investigation, from any liability or damages which may result from furnishing the information requested.

Applicant's Signature _____ Date _____

STATE OF)
)ss.
COUNTY OF)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public's Signature
Form #97

MEDICAL RELEASE
FOR
SELF-SPONSORED AND DEPARTMENT SPONSORED
BASIC TRAINING APPLICANTS

NOTICE TO EXAMINING PHYSICIAN

POST'S PHYSICAL REQUIREMENTS

Law Enforcement Officer/Special Function - Correctional Officer Training programs require participation in physical assessment training. Basic students will participate in an exercise program from a minimum of 5 weeks to 14 weeks for one hour, three times a week to include the following:

Running: The student will begin by running 1.5 miles and work up to a maximum of 7 miles three days a week.

Mat Work: The students will do mat work which consists of flexibility exercises, abdominal exercises and push-ups, three times per week.

Physical Assessment Test: A physical assessment test will be administered four times. Once at the beginning of the five week block, once at the end of the 5 week block, again in the middle of the second block, and at the end of the 14 week block. The test will require maximum exertion. It will test strength, flexibility, agility, cardiovascular endurance and coordination.

Applicant

I have read and understand the physical training requirements necessary for attendance at a basic law enforcement officer training program.

I am physically capable of participation in a rigorous program of physical conditioning as described above.

APPLICANT - Please print your Name	Signature	Date
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MEDICAL RELEASE:

I have examined the applicant and find this person physically capable of participating in a rigorous program of physical conditioning as described above.

PHYSICIAN NAME	Signature	Date
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Physician Telephone Number	Physician Address
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APPLICATION FOR CERTIFICATION

NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

WHERE TRAINING COMPLETED _____

DATE TRAINING BEGAN _____ DATE TRAINING COMPLETED _____

NAME OF EMPLOYING AGENCY _____

DATE OF EMPLOYMENT _____

IMPORTANT INFORMATION:

Utah Code 53-6-203 (4) and 53-6-302 (4) indicates that any background check or background investigation performed pursuant to the requirements of this section shall be for the purpose of determining eligibility for admission to training programs or qualification for certification examinations and shall not be used as a replacement for any background investigations which may be required of an employing agency.

Law
Enforcement
Officer

☐

Law Enforcement
Reserve
Officer

☐

Special
Function
Officer

☐

Correctional
Officer

☐

Correctional
Reserve
Officer

☐

Dispatcher

☐

I request this person to be certified as a

In the position of _____
(Specify position to be certified in)

I certify this person to be an employee of this agency who will be working in a position requiring the requested certification. I am familiar with Utah Code 53-6-203 (4) and 53-6-302 (4). I realize the background check done by POST was of a cursory nature only. I understand that it was to determine eligibility for admission to training or qualification for certification examinations. A background investigation has been conducted by me or my representative. I am satisfied that this person is of good moral character. To the best of my knowledge this applicant is free of any physical, emotional or mental conditions which might adversely affect his / her performance in the certified position requested.

Signature of Agency Head

Date

Title

Agency

POST USE ONLY

Fingerprint Check

Reviewed by _____

Training Verified

Date Reviewed _____

WAIVER OF LIABILITY

NAME (PLEASE PRINT) _____

FIRST

MIDDLE

LAST

MAIDEN

HOME ADDRESS _____

HOME TELEPHONE NUMBER _____

NEXT OF KIN _____ RELATIONSHIP _____

I, THE UNDERSIGNED, HEREBY WAIVE ANY CLAIM FOR DAMAGES AGAINST THE UTAH LAW ENFORCEMENT ACADEMY, . . . FOR ANY INJURY I MAY DIRECTLY OR INDIRECTLY SUSTAIN AS A RESULT OF AN ACCIDENT THAT OCCURS WITHOUT ANY LEGAL FAULT ON THE PART OF ANY OF THE PERSONS OR ENTITIES JUST IDENTIFIED, IN THE COURSE OF MY PARTICIPATION IN ANY PART OR PHASE OF THE TRAINING, INSTRUCTION, AND TESTING.

SIGNATURE OF APPLICANT _____ DATE _____

STATE OF _____)
)ss.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day _____ of _____, 20____.

KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE ABOVE INSTRUMENT AND ACKNOWLEDGED THE SAME TO BE THEIR OWN FREE ACT AND DEED.

NOTARY PUBLIC _____ MY COMM. EXPIRES _____

(SEAL)